

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L97000000523

1. Entity Name
ROBERTSON & ASSOCIATES, L.L.C.



Principal Place of Business
**370 CAMINO GARDENS BLVD., SUITE 108
BOCA RATON, FL 33432**

Mailing Address
**370 CAMINO GARDENS BLVD., SUITE 108
BOCA RATON, FL 33432**



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4184612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000880320
04/15/08-80058-001 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------------|
| TITLE | MGR |
| NAME | ROBERTSON, KENNETH H |
| STREET ADDRESS | 370 CAMINO GARDENS BLVD., SUITE 108 |
| CITY- ST- ZIP | BOCA RATON, FL 33432 |
| TITLE | MGR |
| NAME | ROBERTSON, JOAN K |
| STREET ADDRESS | 370 CAMINO GARDENS BLVD., SUITE 108 |
| CITY- ST- ZIP | BOCA RATON, FL 33432 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/08

561-347-0761

Date

Daytime Phone